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and this lesion may complicate or follow a disease of which the history is obvious.

The *prognosis* in acute miliary tuberculosis is very grave. Recoveries have been recorded. One doubts if the diagnoses have been correct in these cases. "Fulminating" cases may end in a few days; in any event death is seldom delayed beyond several weeks.

(To be continued.)

HOSPITAL CATERING

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What shall we have for breakfast?

What shall we have for tea?

A bit of steak, a chop or two,

Or a savory fricassee?

This is the daily problem of the woman who looks well to the ways of her household the world over, one that she solves according to her lights. If she happens to be informed as to food values, this knowledge is reflected in her decisions; if in addition to this knowledge she has also mastered the art of buying, blessed, indeed, is the household over which she presides. When the "anything so it's filling" hand to mouth system of catering and purveying prevails, it is a matter of health in spite of, rather than because of the fuel used for stoking the human engine; for, paradoxical as it may sound, it is nevertheless true, that one may be over-fed, yet actually starved in so far as real nourishment goes.

As with the housewife in the home, so it is with the housewife in that larger erstwhile home, the hospital. The same refrain, "What shall we eat?" is ever haunting her from sun to sun, except that in the latter case the responsibility is greatly multiplied because she must not only furnish the proper food-fuel for those of her large family who are in health, in order to keep them well and up to the working mark, but must also provide repair material suited to the rebuilding of the tissues laid waste by disease. Nor even then are her duties compassed; for, in addition, and most difficult of all, the capricious appetite of the sick must be coaxed and humored, a feature which should not be lightly passed over.

In hospital catering the two meals of the day that give the most concern because, of necessity, they are more or less monotonous, are break-

fast and supper. Breakfast is an especially difficult meal for the reason chiefly that the appetite is at low ebb and then too, the range of foods enjoyed at this meal are limited to a certain few. So it comes about, that the manner of preparing and serving becomes of paramount importance in order that the eye may be pleased and use its influence over the palate.

Unless forbidden there is always fruit and in this one article of food there is a wide scope for attractiveness in serving. In the cases of oranges; there is such a variety of attractive ways of serving that the sameness in the fruit itself is forgotten. Grape fruit has an added zest if garnished with marischino cherries and banked with ice. During the season, when the character of the illness is not prohibitive, any ripe, fresh fruit affords an agreeable change from the usual all-the-year round breakfast orange or grapefruit. Care must be taken, though, to see that it *is* ripe, fresh, and chilled. A delicious combination can be made of strawberries and oranges. Arrange the orange sections in a pretty glass fruit saucer to simulate a cup; then heap the strawberries in the center. Strawberries served in an orange basket banked with crushed ice will tempt the most flagging appetite. A highly-colored ripe peach, served with its own leaves for a setting, is most appealing. Grapes should always have a setting of green to accentuate their color, the very contrast catches the eye and creates the desire to taste. Even nicely stewed fruit is a welcome change, once in a while, when the appetite palls.

There is now such a variety of cereals on the market that monotony in this food is—unless, of course the patient has a decided preference for some one or two of the many—simply inexcusable. The hot cereals should be served hot; the so-called cold ones should be crisped in the oven before serving.

When it comes to eggs, which ordinarily constitute the substantial dish of the modern breakfast both for sick and well, there are such numbers of dainty ways of serving them that each morning of the week, if the diet kitchen nurse is up and doing, a change may be rung in. It should be superfluous to add that eggs served to the sick should always be unquestionable as to freshness.

When permissible, now and then eliminate eggs from the breakfast tray and serve, instead, a daintily broiled chop made festive with a chop frill and a garnish of parsley. A bit of tender steak carefully cooked and attractively served between hot individual platters will provide another surprise dish. A boned squab, masked in the shell of a baked potato, will be sure to meet with a smile of appreciation. When

properly cooked, that is to say, free from grease, dry and crisp, yet with no hint of scorch, and served on a hot platter and garnished with parsley or water cress, breakfast bacon is always appetizing.

The appended breakfast menus may prove helpful and suggest other equally suitable combinations.

I

Grape fruit—cereal—sugar and cream
Crisped bacon—hot buttered toast
Coffee or chocolate

II

Grapes—oatmeal with dates and cream
Masked squab—dry toast
Coffee or chocolate

III

Strawberries in orange basket
Cereal with cream and sugar—shirred eggs
Corn muffins or toast
Coffee or chocolate

IV

Stewed figs—cream of wheat—cream and sugar
Broiled steak—buttered toast
Coffee or chocolate

V

Oranges—cereal—cream
Poached eggs on toast
Coffee or chocolate

VI

Sliced fresh pineapple—hominy grits and butter
Hot bread and butter
Coffee or chocolate

Supper for the sick in a hospital is almost as difficult as breakfast for the reason that so many dishes because of their more or less "heaviness," must be eliminated from the evening meal. Yet the fact remains that, as a rule, if the patient is on full diet, he is usually hungry at this meal, a fact which increases the difficulty of catering. For this reason, at least, one hot dish of a more or less substantial character should be included in the menu. This with a light dessert and the usual accessories to such a meal, are quite sufficient. A cream soup, such as one would serve at luncheon in the home, is enjoyed with a tray supper.

Light meats and eggs again come to the fore and proclaim their usefulness for the evening meal. When oysters are in season they may be prepared in many appetizing ways. Sandwiches, when daintily made, suggest a pleasing change and are popular with every one. Creamed dishes are always acceptable changes and embrace a wide range—for fish, flesh, fowl and vegetables lend themselves to this mode of cooking. Such foods may be served on rounds of toast, in bread boxes or in ramekins and thus made the more inviting. Delicate custards, jellies, stewed or baked fruits provide a suitable dessert. Many little touches may be given by the use of garnishes. So commonplace a dish as a baked apple, if capped with whipped cream and dotted with bits of fruit jelly, becomes transformed. These extra touches mean, as a matter of course, more time and labor, but both are profitably invested if the patient's appetite can be quickened.

As with the breakfast menus, the appended combinations for supper trays are merely suggestive.

I

Creamed chicken on toast—stuffed potatoes
Celery salad in lettuce cups
Baked apples

II

Cream of tomato soup—omelette
Lettuce sandwiches—scalloped potatoes
Baked custard

III

Cold sliced ham—aspic salad in lettuce cups
Steamed hominy—stewed prunes

IV

Creamed eggs—apple and celery salad
Baked potatoes—Macaroons
Canned peaches

V

Creamed dried beef—lettuce with mayonnaise
Asparagus on toast—rice balls with custard

VI

Chicken salad—bread and butter sandwiches
Scalloped potatoes—fruit jelly